

# Appendix E: Participant Direction of Services

**Applicability** (from Application Section 3, Components of the Waiver Request):

<input checked="" type="checkbox"/>	<b>Yes. This waiver provides participant direction opportunities.</b> Complete the remainder of the Appendix.
<input type="checkbox"/>	<b>No. This waiver does not provide participant direction opportunities.</b> Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested** (select one):

<input type="checkbox"/>	<b>Yes. The State requests that this waiver be considered for Independence Plus designation.</b>
<input checked="" type="checkbox"/>	<b>No. Independence Plus designation is not requested.</b>

## Appendix E-1: Overview

**a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver’s approach to participant direction.

The DDA has established a service delivery model in which a participant may direct his or her/their own services or appoint a legal guardian or designated representative to direct on their behalf, known as the Self-Directed Service Model. The DDA offers the Self-Directed Service Model for participants, or their designated representative, capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.

**(a) Nature of Opportunities Afforded to Participants under the Self-Directed Service Model**

Under the Self-Directed Service Model, a participant, or his/her/their designated representative will have Employer and Budget Authorities over specific services as the employer of record. This includes the rights and obligations of an employer under applicable federal, State, and local law and regulations. In addition, the participant, legal guardian, or his/her/their designated representative (as applicable) will have the responsibility and authority to manage his or her/their approved annual budget.

In the Self-Directed Service Model, the participants or his/her/their designated representative, will have opportunities to:

1. Identify goals to support a trajectory for a good life in consideration of the LifeCourse Framework person-centered planning methodologies such as the Charting the Lifecourse (i.e., Integrated Support Star, Life Trajectory, and Exploring Life Possibilities), Integrated Long-Term Services and Supports – Needs Template and Before and After Integrated

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Supports, Essential Lifestyle Planning, Personal Futures Planning, MAPS, PATH, or an equivalent person-centered planning strategy;

2. Choose, set wages (within reasonable and customary range) and the DDA-approved annual budget, and schedule workers,
3. Train, manage, and discharge workers;
4. Identify needed supports and services to support their Person-Centered Plan (PCP) in accordance with their approved annual budget;
5. Control and manage a budget annually for the purchase of services and supports as specified in their PCP; ~~and~~
6. Use a Support Broker as an optional service to assist with employer responsibilities; -and
- 6-7. Use a Fiscal Management Services provider (FMS) to assist with budget and payment responsibilities, which is required for participation in the Self-Directed Services Model .

**(b) How Participants May Enroll in the Self-Directed Service Model**

The DDA, Advocacy Specialists, and Coordinator of Community Services (CCS) ~~DDA~~ will provide information about ~~its-the~~ Self-Directed Service Model to all participants and their families, legal guardian, or designated representatives (as applicable). If the participant is interested in the Self-Directed Service Model as the delivery model for services, then ~~he or she/they~~ will work with ~~his or her/their~~ Coordinator of Community Services (CCS), along with a Support Broker, if identified to organize ~~his/her/their~~ team, develop a PCP and request enrollment in the Self-Directed Service Model.

The CCS, with input from the participant's team will share information with the participant about the rights, risks, and responsibilities of managing ~~his/her/their~~ own services and managing and using an individual budget. This process is documented with completion of the Self-directed-Directed Services designated Services Agreement Rights and Responsibilities Form to indicate the participant, legal guardian, or ~~his or her/their~~ designated representative (as applicable) is capable of making informed decisions such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authorities .

**(c) Support by Entities for Participants in the Self-Directed Service Model**

The following entities will provide support services to participants in the Self-Directed Service Model: the Coordinator of Community Services (CCS), Advocacy Specialists, Support Brokers (optional), and the Fiscal Management Services (FMS).

The CCS will provide supports that enable the participant to identify and address how to meet ~~his or her/their~~ needs and goals, including but not limited to:

1. Provide information to the participant to support informed decisions about what service design and delivery model (Self-Directed Services ~~versus-and~~ Traditional Services) will work best for the participant and their support network in accordance with their needs and goals;
2. Explain roles and responsibilities of the Support Broker (if chosen) and the FMS provider pertaining to the types of available supports within the Self-Directed Service Model;
3. Provide information related to self-directed Waiver program services available under the Self-Directed Services model-service options, (including Support Brokers, and the FMS provider services) and providers/vendor options for the participant to choose;

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4. Facilitate the timely development and revision of the Person-Centered Plan (PCP) and self-directed services budget designed to meet the individual’s-participant’s needs, preferences, goals, and outcomes in the most integrated setting and cost effective manner;
5. Provide information, make referrals, and assist participants with applications for services provided by community organizations, federal, State and local programs and community activities; and
6. Monitoring the provision of services as well as conducting related follow-up activities.

Advocacy Specialists provide informational supports for participants considering or enrolled in the selfSelf-directing-Directing services-Services support includeincluding:

1. Provide-Providing information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State;
2. Facilitateing and buildinging relationships with self-advocates, self-advocacy groups and providers.
3. Supporting other self-advocates to learn about and understand DDA’s selfSelf-directed Directed services;Services Model;
4. Provide-Providing general support to people-participants enrolled in the receiving selfSelf-directed-Directed services-Services Model from DDA; and
5. Developing and conducting additional topic specific training that meets the needs of self-directed services participants in their regions such as abuse, exploitation, and nepotism.

Support Broker services are offered as an optional service to participants who enroll elect to join the -selfSelf-direct-Directed Services Modeltheir own services. Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies.

Support Brokers ~~do~~ must not:

1. Develop modifications;
- ~~1-2.~~ 2. Make any decisions for the participant as the Employer of Record including budgetary decisions;
- ~~2-3.~~ 3. Sign-off on timesheets for service delivery; or
- ~~3-4.~~ 4. Hire or fire workers.

Support Broker services are designed to assist participants (or their designated representative) with the human resources employer-related functions necessary for successful self-direction. This includes:

1. An initial introductory orientation related to the rights and responsibilities of the “employer of record”, such as Department of Labor, and applicable federal, State and local employment requirements;
2. Development of staff policies, procedures, schedules, and backup plan strategies; and
3. Recruitment, advertising, and interviewing potential staff.

Fiscal Management Services (FMS)

1. The FMS provider are designed to acts as a fiscal intermediary to assist the participant with employer and budget related accounting and payroll functions as per federal, State, and local laws, regulations, and policies necessary for successful self-direction. The FMS provider assists the participant, legal guardian, or designated representative (as applicable);

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<p>in financial transactions and managing legal employment requirements and employer related functions including:</p> <ul style="list-style-type: none"> <li>a. <u>Performing as the participant’s agent to verify</u> <u>Verify potential employees and vendors meet applicable qualifications to render the services as set forth in this Waiver program application and applicable laws and regulations;</u></li> <li>b. Facilitating the employment of staff by the participant, legal guardian, or designated representative (as applicable);</li> <li>c. Managing, tracking, and directing the disbursement of funds;</li> <li>d. Processing payroll, withholding federal, State, and local tax and making tax payments to appropriate tax authorities;</li> <li>e. Performing fiscal accounting processes; and</li> <li>f. Making and sharing <u>monthly</u> expenditure reports with the participant, legal guardian, their designated representative (as applicable), and State authorities.</li> </ul>
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**b. Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

<input type="radio"/>	<b>Participant – Employer Authority.</b> As specified in <i>Appendix E-2, Item a</i> , the participant (or the participant’s representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
<input type="radio"/>	<b>Participant – Budget Authority.</b> As specified in <i>Appendix E-2, Item b</i> , the participant (or the participant’s representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
<input checked="" type="checkbox"/>	<b>Both Authorities.</b> The waiver provides for both participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for participants who exercise these authorities.

**c. Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

<input checked="" type="checkbox"/>	<b>Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.</b>
<input type="checkbox"/>	<b>Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.</b>
<input checked="" type="checkbox"/>	<p><b>The participant direction opportunities are available to persons in the following other living arrangements</b></p> <p><i>Specify these living arrangements:</i></p> <p>Participant direction opportunities are available to participants who live with other individuals under a lease.</p>

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**d. Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

<input type="radio"/>	<b>Waiver is designed to support only individuals who want to direct their services.</b>
<input checked="" type="radio"/>	<b>The waiver is designed to afford every participant (or the participant’s representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.</b>
<input type="radio"/>	<b>The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.</b> <i>Specify the criteria</i>

**e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant’s representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

<p>The Coordinator of Community Services (CCS) of each participant is responsible for providing <a href="#">information to</a> the participant, legal guardian, and <a href="#">his/her/their</a> designated representative (as applicable) <a href="#">information</a> about available <a href="#">waiver-Waiver program</a> services and delivery models, including the DDA’s <a href="#">Traditional and Self-Directed Service Models</a>. The CCS provides information on availability of services, benefits, responsibilities, and liabilities associated with participation in the Self-Directed Service Model. The CCS provides this information during the initial meeting, the annual Person-Centered Planning Meeting, and upon request.</p> <p>The DDA also provides information about its Self-Directed Service Model via webinars, workshops, conferences, <a href="#">DDA’s website</a>, and upon request.</p>
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**f. Participant Direction by a Representative.** Specify the State’s policy concerning the direction of waiver services by a representative (*select one*):

<input type="radio"/>	<b>The State does not provide for the direction of waiver services by a representative.</b>
<input checked="" type="radio"/>	<b>The State provides for the direction of waiver services by representatives.</b> Specify the representatives who may direct waiver services: ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/>	<b>Waiver services may be directed by a legal representative of the participant.</b>
<input checked="" type="checkbox"/>	<b>Waiver services may be directed by a non-legal representative freely chosen by an adult participant.</b> Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant: A participant enrolled in the Self-Directed Services Delivery Model (as provided in <a href="#">this</a> Appendix E) may authorize a non-legal representative to direct services on their behalf as documented <a href="#">on a form approved by the DDA and associated with</a> in the participant’s Person-Centered Plan (PCP).  To ensure the use of a non-legal representative to direct services is in the best interest of the participant, the following criteria must be documented in the participant’s PCP:

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<ol style="list-style-type: none"> <li>1. Choice of individual truly reflects the participant's wishes and desires;</li> <li>2. The provision of service by the non-legal representative is in the best interests of the participant;</li> <li>3. The provision of support by the non-legal representative is appropriate and based on the participant’s identified support needs; and</li> <li>4. <u>The Designated Representative has passed a background check through the Criminal Justice Information System as provided in Appendix C-2-a;</u></li> <li>4.5. <u>A completed and signed Designated Representative form that reflects the participant’s appointment of the non-legal representative to act establishes the non-legal representative to direct services on the participant’s behalf in the Self-Directed Services Model, is completed in accordance with applicable federal and State laws and regulations governing the Waiver program.</u></li> </ol>
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**g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3. *(Check the opportunity or opportunities available for each service):*

Participant-Directed Waiver Service	Employer Authority	Budget Authority
Assistive Technology and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Community Development Services</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Day Habilitation</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Employment Discovery &amp; Customization</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Employment Services</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Modifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family and Peer Mentoring Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Caregiver Training & Empowerment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual and Family Directed Goods and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nurse Consultation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Health Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Case Management and Delegation Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Participant Education, Training, and Advocacy Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite Care Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Broker Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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<b>Supported Employment</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle Modifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

<input checked="" type="radio"/>	<b>Yes. Financial Management Services are furnished through a third party entity.</b> <i>(Complete item E-1-i).</i> Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	<b>Governmental entities</b>
<input checked="" type="checkbox"/>	<b>Private entities</b>
<input type="radio"/>	<b>No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.</b> <i>Do not complete Item E-1-i.</i>

**i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

<input type="radio"/>	FMS are covered as the waiver service specified in Appendix C-1/C-3 <b>The waiver service entitled:</b>
<input checked="" type="radio"/>	<b>FMS are provided as an administrative activity.</b> <b><i>Provide the following information</i></b>
<b>i.</b>	<b>Types of Entities:</b> Specify the types of entities that furnish FMS and the method of procuring these services:  <u>Currently approved DDA-FMS providers must be certified by the DDA as an Organized Health Care Delivery Systems (OHCDS) in accordance with applicable State regulations. <a href="#">The Maryland Department of Health is working on identifying a new FMS provider via its procurement processes, as required by State law.</a> <del>The State will be issuing a new Request for Proposal (RFP) anticipated to be released in Summer of 2019 to identify a new FMS. Agencies interested in becoming the FMS must submit a proposal in response to the RFP and be selected. A new provider is anticipated to begin in January 2020.</del></u>
<b>ii.</b>	<b>Payment for FMS.</b> Specify how FMS entities are compensated for the administrative activities that they perform:  <u>The FMS is compensated for administrative activities as per their contract with MDH. Current FMS establishes a fee schedule which is included in the approved proposal/contract with the DDA and the fees are billed as administrative claims. FMS fees range based on the participant's number of employees and/or vendors (low, medium, and high usage) and typically range between 6% -10% of a participant's overall budget</u>
<b>iii.</b>	<b>Scope of FMS.</b> Specify the scope of the supports that FMS entities provide <i>(check each that applies):</i>
	Supports furnished when the participant is the employer of direct support workers:
<input checked="" type="checkbox"/>	<b>Assists participant in verifying support worker citizenship status</b>

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<input checked="" type="checkbox"/>	<b>Collects and processes timesheets of support workers</b>
<input checked="" type="checkbox"/>	<b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b>
<input checked="" type="checkbox"/>	<b>Other</b> <i>Specify:</i>
	Employer and Budget Authorities tasks including but not limited to: <ol style="list-style-type: none"> <li>1. <del>Assisting with</del> <u>Verifying that potential staff or vendors meet applicable provider qualifications including <u>background checks</u>, certifications, trainings and licensing requirements;</u></li> <li>2. Managing and directing the disbursement of funds contained in the <u>participant self-directed services budget, approved by the DDA;</u></li> <li><del>3. Conducting background checks;</del></li> <li><del>4.3.</del> Acting as a neutral bank, receiving and disbursing public funds and tracking and reporting on the <u>status of each participant’s budgeted funds (received, disbursed, and any balances);</u></li> <li><del>5.4.</del> Processing and paying for approved services in the PCP; and</li> <li><u>5.</u> Preparing and distributing reports (e.g., budget status and expense reports) to participants, their CCS, DDA, and other entities as requested.</li> <li>6. <u>Manage nursing access to the Health Risk Screening Tool (HRST) to support participants enrolled in the self-directed service delivery model unless otherwise directed by the DDA.</u></li> </ol>
	Supports furnished when the participant exercises budget authority:
<input checked="" type="checkbox"/>	<b>Maintains a separate account for each participant’s participant-directed budget</b>
<input checked="" type="checkbox"/>	<b>Tracks and reports participant funds, disbursements and the balance-of participant funds</b>
<input checked="" type="checkbox"/>	<b>Processes and pays invoices for goods and services approved in the service plan</b>
<input checked="" type="checkbox"/>	<b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b>
<input checked="" type="checkbox"/>	<b>Other services and supports</b> <i>Specify:</i>
	<del>A:</del>  <ol style="list-style-type: none"> <li>1. <u>The FMS provider</u> assists the participant, legal guardian, or designated representative (as applicable) to:</li> <li>2. Manage and direct the disbursement of funds contained in the approved self-directed budget;</li> <li>3. Facilitate the employment of staff by the participant, legal guardian, or designated representative (as applicable), by performing as the participant’s agent to verify employee and vendor qualifications, processing payroll, withholding Federal, State, and local tax and making tax payments to appropriate tax authorities; and</li> <li>4. Perform fiscal accounting and disseminate expense reports to the participant or family and State authorities.</li> </ol> <u>A. – Employer Authority tasks such as:</u>

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	<p><del>B. Assisting the participant in verifying workers’ citizenship or legal alien status (e.g., completing and maintaining a copy of the BCIS Form I-9 for each support service worker the participant employs);</del></p> <p><del>C. Assisting the participant to verify provider certifications, trainings and licensing requirements;</del></p> <p><del>D. Conducting criminal background checks;</del></p> <p><del>E. Collecting and processing timesheets or invoices of employees or vendors;</del></p> <p><del>F. Operating a payroll service, including process payroll, withholding taxes from workers’ pay, filing and paying Federal (e.g., income tax withholding, FICA and FUTA), state (e.g., income tax withholding and SUTA), and, when applicable, local employment taxes and insurance premiums; and</del></p> <p><del>G. Distributing payroll checks, vendor payment, and mileage reimbursements.</del></p> <p>5. <u>The FMS provider assists the participant, legal guardian, or designated representative (as applicable) with Budget Authority tasks such as:</u></p> <ul style="list-style-type: none"> <li>a. Acting as a neutral bank, receiving and disbursing public funds, tracking and reporting on the <u>status of the participant’s budgeted funds</u> (received, disbursed and any balances);</li> <li>b. Maintaining a separate account for each participant’s self-directed budget;</li> <li>c. Tracking a participant funds, <u>as approved by the DDA, and disbursements and balance participant funds in accordance with Waiver program requirements;</u></li> <li>d. Processing and paying invoices for <u>Waiver program services in accordance with the DDA’s authorization approved services in the PCP;</u> and</li> <li>e. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, the DDA, and other entities as requested.</li> </ul> <p>6. <u>Additional Functions/activities such as provide other entities specified by the State with periodic reports of expenditures and the status of the self-directed budget</u></p>								
	<p>Additional functions/activities:</p> <table border="1"> <tr> <td data-bbox="332 1276 389 1354"><input type="checkbox"/></td> <td data-bbox="389 1276 1477 1354"><b>Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency</b></td> </tr> <tr> <td data-bbox="332 1354 389 1438"><input checked="" type="checkbox"/></td> <td data-bbox="389 1354 1477 1438"><b>Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency</b></td> </tr> <tr> <td data-bbox="332 1438 389 1522"><input checked="" type="checkbox"/></td> <td data-bbox="389 1438 1477 1522"><b>Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget</b></td> </tr> <tr> <td data-bbox="332 1522 389 1648"><input type="checkbox"/></td> <td data-bbox="389 1522 1477 1648"><b>Other</b> <i>Specify:</i></td> </tr> </table>	<input type="checkbox"/>	<b>Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency</b>	<input checked="" type="checkbox"/>	<b>Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency</b>	<input checked="" type="checkbox"/>	<b>Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget</b>	<input type="checkbox"/>	<b>Other</b> <i>Specify:</i>
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<input checked="" type="checkbox"/>	<b>Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget</b>								
<input type="checkbox"/>	<b>Other</b> <i>Specify:</i>								
iv.	<p><b>Oversight of FMS Entities.</b> Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.</p> <p><u>The FMS provider is/are</u> required to obtain annual independent financial audits.</p>								

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On an annual basis, the DDA will conduct a representative sample review of Self-Directed Services participants’ budgets, billing, and payments.

If there are concerns about billing, the FMS provider may be referred to DDA and OLTSS auditing staff or to the Department’s Office of the Inspector General. A referral may also be made to Maryland’s Medicaid Fraud Control Unit, which may conduct audits when there is a strong likelihood of fraud.

**j. Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

<input checked="" type="checkbox"/>	<p><b>Case Management Activity.</b> Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.</p> <p><i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:</i></p> <p>A participant, <del>is</del> enrolled in either Self-Directed Services or Traditional Services <u>delivery model</u>, <u>must receive targeted case management services from</u> <del>will obtain</del> a <del>Coordinators</del> <u>Coordinator</u> of Community Services (CCS). <del>The CCS that will provides supports</del> <u>support to the</u> participants, <u>and</u> their families, <del>and</del> legal guardian, or designated representative (as applicable), with all of their complexity, strengths, and unique abilities to achieve self-determination, independence, productivity, integration, and inclusion in all facets of community life across the lifespan. This includes learning about options under the DDA’s Self-Directed Service Model, planning for the participant’s future, and accessing needed services and supports. The CCS promotes services that are planned and delivered in a manner <u>that are timely executed to meet the participant’s needs as stated in their Person Centered Plan (PCP)</u>, <del>that</del> encourages self-sufficiency, health and safety, meaningful community participation, and the participant’s desired quality of life.</p>					
<input checked="" type="checkbox"/>	<p><b>Waiver Service Coverage.</b> Information and assistance in support of participant direction are provided through the waiver service coverage (s) specified in Appendix C-1/C-3 (check each that applies):</p> <table border="1"> <thead> <tr> <th style="text-align: left;">Participant-Directed Waiver Service</th> <th style="text-align: center;">Information and Assistance Provided through this Waiver Service Coverage</th> </tr> </thead> <tbody> <tr> <td>Support Broker Services</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage	Support Broker Services	<input checked="" type="checkbox"/>
Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage					
Support Broker Services	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	<p><b>Administrative Activity.</b> Information and assistance in support of participant direction are furnished as an administrative activity.</p> <p><i>Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and (e) the entity or entities responsible for assessing performance:</i></p>					

**k. Independent Advocacy** (*select one*).

<input type="radio"/>	<b>No. Arrangements have not been made for independent advocacy.</b>
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X	<p><b>Yes.</b> Independent advocacy is available to participants who direct their services.</p> <p><i>Describe the nature of this independent advocacy and how participants may access this advocacy:</i></p> <p><b>Independent</b> Advocacy Specialists:</p> <ol style="list-style-type: none"> <li>1. Provide information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State.</li> <li>2. Provide feedback to DDA staff on communications with individuals receiving the DDA’s self-directed services.</li> <li>3. Build relationships with self-advocates, self-advocacy groups and providers;</li> <li>4. Provide and support other self-advocates to learn about and understand the DDA’s <del>self</del><u>Self-directed-Directed services</u><u>Services delivery model</u>;</li> <li>5. Provide general support to people receiving services from DDA; <u>and</u></li> <li>6. Develop and conduct additional training that meets the needs of Self-Advocates in their regions.</li> </ol> <p>Advocates participate in various DDA trainings, committees, and workgroups; provide one-to-one information and technical assistance; provide one-to-one advocacy services; and make frequent contact with Coordinators of Community Service in order to assist participants seeking advocacy services related to <del>self-direction</del> <u>the Self-Directed Services delivery model</u>.</p> <p><b>PARTICIPANT ACCESS</b></p> <p>Participants may contact the <b>independent</b> advocates via telephone or email or at trainings to avail themselves of advocacy services. The <b>independent</b> advocates are available to provide assistance to address an issue of concern, training, technical assistance, and advocacy services to participants currently directing their own services or interested in self-directing their services. The <b>independent</b> advocates provide information, technical assistance, and advocacy via the internet, telephone, or <u>in-person</u>, as requested.</p>
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**1. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

The participant, legal guardian, or **his or her**their designated representative (as applicable) may choose to terminate the participant’s enrollment in the Self-Directed Services Model at any time without cause, in order to receive services under the Traditional Services delivery model, directly from a ~~licensed~~ provider.

In order to terminate participation in the Self-Directed Service Model and transition to the Traditional Services delivery model, the participant, legal guardian, or **his or her**their designated representative (as applicable), must notify the participant’s Coordinator of Community Services (CCS). The CCS will assist the participant in transitioning to the Traditional Services delivery model and selecting licensed/certified -provider(s) to provide services. The CCS shall work with the participant, **his or her**their designated representative, and **his or her**their family to develop a transition plan to include strategies to ensure service continuity and assure the participant’s health and welfare.

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**m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

While enrolled in the Self-Directed Service Model, participants and their designated representatives are required to comply with the requirements set forth in this Waiver program application and all applicable federal, State, and local laws, regulations, and ~~waiver-Department~~ policies and procedures.

The DDA has the authority to restrict the availability of services under the Self-Directed Service Model or to terminate the participant’s enrollment in Self-Directed Service Model if one of the following circumstances occurs:

- 1) The participant no longer meets eligibility criteria for the waiver;
- 2) The participant’s PCP and/or self-directed services budget has not been submitted to DDA (for DDA’s review and approval) implemented or approved in a timely manner and this failure is attributable to the participant or their designated representative; and
- 2)3) The participant does not receive services under the Self-Directed Services Model, in accordance with the participant's Person-Centered Plan and annual budget, for 90 days or more, with the exception of extenuating circumstances~~the participant does not receive services under the Self-Directed Services Model for 90 days or more with the exception of extenuating circumstances;~~
- 3)4) The health, safety, or welfare of the participant is compromised by continued participation in the Self-Directed Service Model;
- 4)5) The rights of the participant are being compromised;
- 5)6) Failure of the participant, legal guardian, or the participant’s designated representative (as applicable) to comply with any applicable federal, State, or local law, regulation, policy, or procedure; or
- 6)7) Failure of the participant, legal guardian, or the participant’s designated representative (as applicable) to manage funds within the DDA-approved annual budget, including expending or attempting to expend funds inconsistent with the DDA-approved annual budget.

In the event the DDA restricts or terminates the participant’s enrollment in the Self-Directed Service Model in accordance with this section, the DDA shall ~~inform~~ notify in writing the participant, legal guardian, or ~~his or her~~their designated representative (as applicable), ~~his or her~~their Coordinator of Community Service (CCS), and the FMS ~~in writing~~provider. This notice shall include: (1) the date and basis of the DDA’s determination; and (2) the participant’s right to a Medicaid Fair Hearing as described in Appendix F.

The CCS shall work with the participant, legal guardian, or ~~his or her~~their designated representative (as applicable), and ~~his or her~~their family to develop a transition plan to include strategies to ensure service continuity and assure the participant’s health and welfare.

**n. Goals for Participant Direction.** In the following table, provide the State’s goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

<b>Table E-1-n</b>		
	<b>Employer Authority Only</b>	<b>Budget Authority Only or Budget Authority in</b>

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		<b>Combination with Employer Authority</b>
<b>Waiver Year</b>	<b>Number of Participants</b>	<b>Number of Participants</b>
<b>Year 1</b>		100
<b>Year 2</b>		200
<b>Year 3</b>		300
<b>Year 4</b>		325
<b>Year 5</b>		350

**Appendix E-2: Opportunities for Participant-Direction**

**a. Participant – Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

**i. Participant Employer Status.** Specify the participant’s employer status under the waiver. *Select one or both:*

	<p><b>Participant/Co-Employer.</b> The participant (or the participant’s representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.</p> <p>Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co-employers of participant-selected staff:</p>
<input checked="" type="checkbox"/>	<p><b>Participant/Common Law Employer.</b> The participant (or the participant’s representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant’s agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.</p>

**ii. Participant Decision Making Authority.** The participant (or the participant’s representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

<input checked="" type="checkbox"/>	<b>Recruit staff</b>
<input type="checkbox"/>	<b>Refer staff to agency for hiring (co-employer)</b>
<input checked="" type="checkbox"/>	<b>Select staff from worker registry</b>
<input checked="" type="checkbox"/>	<b>Hire staff (common law employer)</b>
<input checked="" type="checkbox"/>	<b>Verify staff qualifications</b>
<input checked="" type="checkbox"/>	<p><b>Obtain criminal history and/or background investigation of staff</b> Specify how the costs of such investigations are compensated:</p>
	Criminal background checks are paid for by the DDA.

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<input checked="" type="checkbox"/>	<b>Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.</b>
<input checked="" type="checkbox"/>	<b>Determine staff duties consistent with the service specifications in Appendix C-1/C-3.</b>
<input checked="" type="checkbox"/>	<b>Determine staff wages and benefits subject to applicable State limits</b>
<input checked="" type="checkbox"/>	<b>Schedule staff</b>
<input checked="" type="checkbox"/>	<b>Orient and instruct-staff in duties</b>
<input checked="" type="checkbox"/>	<b>Supervise staff</b>
<input checked="" type="checkbox"/>	<b>Evaluate staff performance</b>
<input checked="" type="checkbox"/>	<b>Verify time worked by staff and approve time sheets</b>
<input checked="" type="checkbox"/>	<b>Discharge staff (common law employer)</b>
<input type="checkbox"/>	<b>Discharge staff from providing services (co-employer)</b>
<input type="checkbox"/>	<b>Other</b> Specify:

**b. Participant – Budget Authority** Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:

**i. Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

<input checked="" type="checkbox"/>	<b>Reallocate funds among services included in the budget</b>
<input checked="" type="checkbox"/>	<b>Determine the amount paid for services within the State’s established limits</b>
<input checked="" type="checkbox"/>	<b>Substitute service providers</b>
<input checked="" type="checkbox"/>	<b>Schedule the provision of services</b>
<input checked="" type="checkbox"/>	<b>Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3</b>
<input checked="" type="checkbox"/>	<b>Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3</b>
<input checked="" type="checkbox"/>	<b>Identify service providers and refer for provider enrollment</b>
<input checked="" type="checkbox"/>	<b>Authorize payment for waiver goods and services</b>
<input checked="" type="checkbox"/>	<b>Review and approve provider invoices for services rendered</b>
<input type="checkbox"/>	<b>Other</b> Specify:

**ii. Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has

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authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

A participant’s self-directed budget will be determined annually through a person-centered planning process and demonstrated assessed need. The participant’s self-directed budget will encompass all services in their PCP and will be presented as part of the person centered planning process.

The ~~DDA will use the~~ following approach must be used for determining a participant’s self-directed budget until the budget process is transitioned to the LTSSMaryland detail service authorization process noted below:

1. The Coordinator of Community Services (CCS) and ~~team~~ Team will assess the needs of the participant through a person-centered planning ~~process~~ process;
2. The CCS and Team will develop a Person-Centered Plan to meet those needs and service request (expressed in service units and cost reimbursement services); ~~and~~
3. ~~A dollar value will be assigned to the PCP using the Traditional Service delivery model. The person can then determine pay rates based on reasonable and customary program standards.~~
3. The CCS will complete and submit the DDA Cost Detail Tool with the PCP. The Cost Detail Tool includes all available services and associated rate based on the traditional service delivery model. Annually, if approved by the General Assembly, the DDA applies a Cost of Living Adjustment (COLA) to traditional service rates which is updated in the Cost Detail Tool. **The Cost Detail Tool establishes the overall budget and participants maintain full budget authority to pay their employees within reasonable and customary rates for each service.** The required use of the Cost Detail Sheet for both participants using the self-directed and traditional service delivery models ensure fair and equitable funding regardless of the service model chosen.
4. The CCS submits the Person-Centered Plan with the Cost Detail Tool to the DDA Regional Office for approval.
5. Once the PCP and Cost Detail Sheet is approved by the DDA, the participant can then create or finalize their self-directed budget sheet and determine pay rates based on reasonable and customary program standards.

Effective January 1, 2021, during the initial, revised, and annual PCP planning processes, the participant’s self-directed budget will be determined based on the approved LTSSMaryland PCP detailed service authorization. The LTSSMaryland PCP detailed service authorization form includes all available services and associated rate based on the traditional service delivery model. The required use of the LTSSMaryland PCP detailed service authorization for participants, enrolled in either the self-directed services or traditional services delivery models, ensure fair and equitable funding regardless of the service model chosen.

Information regarding the budget methodology for participant-directed budgets will be made available to the public via the federally approved waiver application, regulations, and a new self-directed services manual. The new manual is anticipated to be released in the ~~February~~ Fall 2020 or sooner.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

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The Coordinator of Community Services (CCS) will share information about the waiver Waiver program to include the various services and supports and budget cap. Once the PCP is completed, the DDA reviews and authorizes the plan-PCP based on the participant’s needs. The DDA sends notice to the participant of the final their approved budget.

~~Participants are informed of the amount of their budget during the service plan development process. The self-directed budget is created from the person-centered planning process utilizing a self-directed budgeting tool. Services to meet the person’s identified needs are expressed in service units and frequency. A dollar value is assigned to the plan using the traditional service delivery system payment rates. This creates the total self-directed budget for which the participant can exercise employer and budget authority before finalizing and submitting to the FMS for execution.~~

~~The self-directed budget is based on the assessed service need, documented in the PCP, and traditional rates. Participants or their designated representative may request an adjustment to their self-directed budget amount at any time as per the Modified Service Funding Plan Request (MSFPR) policy. Participants or **his/her/their** designated representative notifies their CCS regarding a new assessed Waiver program service need. ~~MSFPR forms~~ A revised PCP and associated **forms documents** are completed to reflect the proposed requested service(s) change which is then submitted to DDA Regional Office for review. If approved, the revised PCP associated budget is then used to create the and self-directed budget which is submitted to the team and FMS. ~~In July 2020, changes will be requested by submitting a revised PCP within the LTSS Maryland system.~~~~

~~The DDA will make exceptions to the overall budget caps based on exceptional needs (e.g., family caregiver support needs, post hospitalization, short term care needs).~~

~~If DDA denies Participants have the right to request a Medicaid Fair Hearing when the request for a Waiver program service or reduces the approved budgeted amount, the participant has the right to request a Medicaid Fair Hearing adjustment is denied or the amount is reduced as described in Appendix F.~~

**iv. Participant Exercise of Budget Flexibility. Select one:**

<input checked="" type="checkbox"/>	<b>Modifications to the participant directed budget must be preceded by a change in the service plan.</b>
<input type="checkbox"/>	<b>The participant has the authority to modify the services included in the participant directed budget without prior approval.</b> Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

**v. Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

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The participant, legal guardian, and his or her designated representative (as applicable), with the support of the Coordinator of Community Service, and the FMS provider, will monitor funds spent on services and the projected spending for the participant's fiscal person-centered plan year. The FMS provider will provide a monthly report to the participant, legal guardian, and his or her designated representative (as applicable), with information related to expenditures and current balance.

The DDA will monitor: (1) the FMS provider for proper allocation of funding and services provided; and (2) the participant, legal guardian, and his or her designated representative (as applicable) for possible over- and under-utilization of services.

The use of a multi-layered review process ensures that potential budget problems are identified on a timely basis. When over- or under-utilization is “flagged,” the Coordinator of Community Services, or his or her FMS provider contacts the participant and his or her legal guardian, or designated representative (as applicable) to assess the reasons for over- or under-utilization and whether technical assistance, further training, or changes in the plan and budget, such as a reprioritization of services, are required.

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